



Mulago report

November-December 2011

Once again I have been extremely busy! Trying to juggle my work on the labour ward with some of the other projects I'm working on. After Jonathon Herod and Emma Silker left I spent a week in a fistula repair camp, which was an amazing learning opportunity. I had a busy and very productive week with Louise, Carol and John. Below I've briefly summarised some of the activities and projects I've been working on.

1. Fistula camp

At the beginning of November I spent the week in the fistula camp based at Mulago Hospital. It was a great opportunity to assess fistulas and see them being repaired. I spent the first day of the camp in the clinic screening women. It was very upsetting to see how these women continuously leak urine and the length of time many of them had been living with their fistulas. The majority of the fistulas were vesico-vaginal, as a result of obstructed labour.

2. Assessment room / triage

This month I spent a significant amount of my time in the assessment/ admissions room trying to evaluate the triage system. The place is chaos. There seems to be no form of triage, unless a woman arrives in an extremely bad state, where she will be seen more urgently. The volume of women waiting to be seen makes it hard for a proper evaluation before they are seen by the doctor. Often there is no midwife at all on the admissions desk and the records clerk is the only person these women see before seeing a doctor. There needs to be more midwives allocated to admissions to enable a proper assessment of the women. Another concern is that the Interns (the most junior doctors) are often left unsupported to assess the women as they arrive. Because they are unsupported they often make mistakes and poor management plans.

3. Kabubbu

Louise Ackers and I visited Kabubbu Health Centre to meet Geraldine Booker and Nurse Susan to discuss the findings of the community survey and the bench marking report. I was pleased to find that they had taken some of my concerns seriously and had retired the particularly troublesome midwife and have since employed a new midwife. They are currently advertising for a third midwife. They have also finished their extension and now have 4 beds for antenatal and postnatal women. I have arranged to visit Kabubbu twice a month, to help in the antenatal clinic and provide training for the staff. The first visit will be on Thursday 15 December.

4. LMP visit

We visited Kawempe Health Centre IV, which has approximately 8000 deliveries a year. This health centre refers more women to Mulago than any other health centre. There is a fully equipped operating theatre

that has not been functioning for 18 months. Some pretty simple changes could get it up and running. A functioning theatre here would hopefully help to decongest Mulago. I will be visiting Kawempe later this month to see how things are progressing. Unfortunately I don't think the situation at Kawempe is an isolated one and I think that there are many health centre IV's without functioning theatres. This case is certainly true for Kasangati Heath Centre, which receives referrals from Kabubbu and also sends women onto Mulago. However the theatres will only work if there is a dedicated team of doctors and midwives. While the midwives turn up to work the doctors only visit sporadically if at all, and one of the biggest challenges will be getting the doctors to commit.

Louise and Carol arrived with the kits for the midwives on ward 5B (a postnatal ward). The kits contain a sphygmomanometer, thermometer, oxygen saturation probe, watch and stethoscope. Later this month I will start to evaluate the impact the kits have on the quality of patient care.

5. AMEWS pilot

I have started to analysis the results from the AMEWS pilot. Unfortunately there are gaps in the data, largely because the data wasn't collected on the weekends and the files were missing. We are trying to locate the case notes in an attempt to fill in some of the gaps.

6. Fundraising

At the end of November I ran the Kampala half marathon! So far I have raised £412 for the LMP. I will be asking the midwives and doctors how they would like the money to be spent.